

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 538180

1. Entity Name

DRYCLEAN U.S.A. FRANCHISE COMPANY

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90030 023 ***150.00

Principal Place of Business

1875 W COMMERCIAL BLVD
STE 140
FT LAUDERDALE FL 33309
US

Mailing Address

C/O DRYCLEAN USA MGMT INC.
51 WEST 135TH
KANSAS CITY MO 64145
US

00043033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7771 W. OAKLAND BLVD

3. Mailing Address

C/O DELIA'S CLEANERS

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

14500 NORTHSIGHT STE 214

City & State

SUNRISE, FL.

City & State

SCOTTSDALE AZ

Zip

33351

Country

Zip

85260

Country

4. FEI Number 59-1774337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BARRY, JAMES P	
STREET ADDRESS	51 WEST 135TH STREET	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VADOVICKY, PAUL J	
STREET ADDRESS	1875 W COMMERCIAL BLVD, #140	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, EDDIE J	
STREET ADDRESS	51 W. 135TH	
CITY-ST-ZIP	KANSAS CITY MO 64145	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAVITT, BRUCE E	
STREET ADDRESS	1875 W COMMERCIAL BLVD, #140	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELIA, PHILIP A	
STREET ADDRESS	51 W. 135TH	
CITY-ST-ZIP	KANSAS CITY MO 64145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14500 NORTHSIGHT STE 214	
CITY-ST-ZIP	SCOTTSDALE, AZ 85260	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK W. BOYER	
STREET ADDRESS	14500 NORTHSIGHT STE 214	
CITY-ST-ZIP	SCOTTSDALE, AZ 85260	
TITLE	ASST. SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 WALNUT ST. STE 1400	
CITY-ST-ZIP	KANSAS CITY, MO. 64106	
TITLE	CEO AND DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14500 NORTHSIGHT STE 214	
CITY-ST-ZIP	SCOTTSDALE, AZ 85260	
TITLE	DAWN R. ATHEARN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	14500 NORTHSIGHT STE 214	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 480-315-2802

CR2E034 (10/00)